



STATE OF CALIFORNIA
FRANCHISE TAX BOARD
ATTN: DATA EXCHANGE SERVICES MSA-10
PO BOX 942840
SACRAMENTO CA 94240-6090
(916) 845-3778

Filing Application

Application is hereby made to transmit annual 1098/1099/5498/W-2G information returns to Franchise Tax Board.

Name of Firm (Transmitter):		Date:
Address:		Federal Employer Identification Number:
City, State and ZIP Code:		Reporting will begin with Tax Year: _____
Contact for Technical Information (Name):	Title:	Telephone (Area Code & Ext.)

REPORTING INFORMATION

Please indicate the document type(s) you plan to file on cartridge, diskette, or CD.	
<input type="checkbox"/> 1098 <input type="checkbox"/> 1099 <input type="checkbox"/> 5498 <input type="checkbox"/> W-2G	
Do you plan to act as a transmitter for other Payers?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

MEDIA PREFERENCE

<input type="checkbox"/> CARTRIDGE <input type="checkbox"/> CD <input type="checkbox"/> DISKETTE
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NOTE: 4mm or 8mm cartridges, and 9-track tape reels are not acceptable.

AUTHORIZED REPRESENTATIVE OF ORGANIZATION REQUESTING APPROVAL

Name (Type or Print):	Title:	
Signature:		Date: